

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN4706	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2012
NAME OF PROVIDER OR SUPPLIER ISLAND HOME PARK HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 1758 HILLWOOD DRIVE KNOXVILLE, TN 37920		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N1410	<p>1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness</p> <p>(2) Physical Facility and Community Emergency Plans.</p> <p>(a) Physical Facility (Internal Situations).</p> <p>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:</p> <p>(I) Staff duties by department and job assignment; and,</p> <p>(II) Evacuation procedures.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to exercise their annual earthquake drill.</p> <p>The findings include:</p> <p>Record review and interview on October 22, 2012 at 7:00 a.m. confirmed that the facility failed to exercise their annual earthquake drill.</p> <p>This finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on October 22, 2012.</p>	N1410	<p>N1410</p> <p>1. An earthquake disaster preparedness drill including staff duties by department, job assignments and evacuation procedures was conducted by the Facilities Management Director on October 30, 2012.</p> <p>2. The facility disaster preparedness plan was reviewed by the Facilities Management Director and the Administrator on October 29, 2012 to assure all drills are scheduled to follow the plan.</p> <p>3. Facilities Management Director was inserviced on October 23, 2012 by the Administrator regarding ensuring disaster preparedness drills are conducted annually as required.</p> <p>4. Monthly reviews will be completed by the Administrator of the disaster preparedness plan to assure compliance with the schedule.</p> <p>Results obtained will be reported by the Facilities Management Director to the monthly Quality Assurance Performance Improvement meetings for review and recommendations. This committee will determine if any revisions are needed to the audit plan. Quality Assurance Performance Improvement Committee consists of Administrator, Medical Director, Director of Nursing, and Assistant Director of Nursing, Human Resources, Minimum Data Set Coordinator, Treatment Nurse, Admissions Director, Business Office Manager, Rehab Manager, Medical Records, Social Services, Facilities Management Director, Dietary Manager, and Activity Director. Dietician and Pharmacist reports are reviewed, and these consultants attend as needed.</p>	11/15/12

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

Q8Y921

If continuation sheet 1 of 1

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